Produits sanguins
Cellules souches
Tissus humains

HÉMA-QUÉBEC

SERIOUS EVENT REPORTING

Please fax or email a copy of this document as soon as possible after a serious adverse event is detected.

Fax : 514-832-0266 **Email :** HQ-cases.managers@hema-quebec.qc.ca

Event type

- ☐ Adverse event – Recipient
- ☐ Adverse event – Donor
- ☐ Accident / Error – Product

Product type

- ☐ Cord Blood Unit
- ☐ Bone Marrow
- ☐ Peripheral Blood Stem Cells

Recipient ID: _____ Donor ID: _____

Transplant Date (dd/mm/yyyy) : _____

Date the event was detected (dd/mm/yyyy) : _____

Recipient file ID: _____

Hospital Name: _____ Code: _____

Physician Name: _____

Phone number: _____ ext: _____

Faxed on (dd/mm/yyyy) : _____ By: _____ ☐ S/O

Description of the event

_____ Date: _____

Signature (physician or representative) (dd/mm/yyyy)